

<b>SERIAL NUMBER</b> 09/272,821	<b>FILING DATE</b> 03/20/99	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 12152.55US01
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APPLICANT

FATIH M. UCKUN, WHITE BEAR LAKE, MN.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED

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**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED

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**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/08/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 3
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Verified and Acknowledged Examiner's Initials Initials

  

ADDRESS

MERCHANT GOULD SMITH EDELL  
 WELTER & SCHMIDT  
 3100 NORWEST CENTER  
 90 SOUTH SEVENTH STREET  
 MINNEAPOLIS MN 55402-4131

  

TITLE

NNI FOR TREATMENT OF MULTI-DRUG RESISTANT HIV

  

<b>FILING FEE RECEIVED</b>  \$445	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for th following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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